



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eric REYNOLDS

Title: CALCIUM PHOSPHOPEPTIDE
COMPLEXES

Appl. No.: 09/380,738

Filing Date: 12/06/1999

Examiner: D. Lukton

Art Unit: 1653

RECEIVED

DEC 30 2002

TECH CENTER 1600/2900

AMENDMENT TRANSMITTALCommissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

Small Entity statement is enclosed.

The fee required for additional claims is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Additional Claims Fee |
|--|-------------------------|------------------------|----------------------------|---------------------|--------------------------|
| Total Claims: | 42 | — | 43 | = 0 x \$18.00 = | \$0.00 |
| Independents: | 2 | — | 2 | = 0 x \$84.00 = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + \$280.00 = | \$0.00 |
| | | | | CLAIMS FEE TOTAL: = | \$0.00 |

Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

| | | | |
|-------------------------------------|---|------------|----------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the second month: | \$400.00 | \$400.00 |
| <input type="checkbox"/> | Extension for response filed within the third month: | \$920.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,440.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$1,960.00 | \$0.00 |
| | EXTENSION FEE TOTAL: | | \$400.00 |
| | CLAIMS AND EXTENSION FEE TOTAL: | | \$400.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| | TOTAL FEE: | | \$400.00 |

Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$400.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date 24 December 2002

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